

## **EXHIBIT 3**

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UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

In re:

THE ROMAN CATHOLIC ARCHBISHOP OF  
SAN FRANCISCO,

Debtor and  
Debtor In Possession.

Case No. 23-30564

Chapter 11

**CONFIDENTIAL SURVIVOR PROOF  
OF CLAIM**

**IMPORTANT:**

**PLEASE COMPLETE THIS FORM SO THAT IT IS RECEIVED NO LATER THAN JANUARY 12, 2024  
(“BAR DATE”)**

**PLEASE DO NOT FILE THIS DOCUMENT WITH,  
OR SUBMIT IT TO, THE BANKRUPTCY COURT**

This Confidential Survivor Proof of Claim has two separate components: (1) a mandatory three-page “Official Form 410” attached hereto (“Proof of Claim”), and (2) a voluntary Confidential Survivor Supplement, also attached hereto (“Supplement”). When submitting your Proof of Claim in this case, you are **strongly encouraged** also to complete the Supplement, and include it as an attachment to your Proof of Claim. Submitting the completed Supplement at the outset will help streamline the process of identifying claims and all applicable insurance and expedite distributions to creditors.

Please carefully read the Notice and Instructions that are included with this Confidential Survivor Proof of Claim and respond to all applicable questions. If you have an attorney, you should complete this form with the assistance of counsel. Send a signed original of the completed Survivor Proof of Claim and one copy as follows: If by **mail, hand delivery, or overnight courier**, to: The Roman Catholic Archbishop of San Francisco, c/o Omni Agent Solutions, 5955 De Soto Ave., Suite 100, Woodland Hills, CA 91367, or you may submit a claim **electronically** at:  
<https://omniagentsolutions.com/RCASF-SurvivorClaims>.

**The Confidential Survivor Proof of Claim form must be mailed, delivered or electronically submitted to Omni Agent Solutions Inc. (“Omni”) so that it is received no later than January 12, 2024. Please note that a Survivor Proof of Claim Form submitted by facsimile, telecopy or electronic mail transmission will not be accepted and will not be deemed filed.**

**FAILURE TO COMPLETE AND RETURN A PROOF OF CLAIM MAY RESULT IN YOUR INABILITY TO VOTE ON A PLAN OF REORGANIZATION AND RECEIVE A DISTRIBUTION FROM THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO AKA THE ARCHDIOCESE OF SAN FRANCISCO, REFERRED TO HERE AS “RCASF”.**

**The failure to submit a completed Supplement with a Proof of Claim asserting a Survivor Claim may be a basis for an objection to such claim.**

**YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, AND OUTSIDE THE PUBLIC**

**RECORD OF THE BANKRUPTCY COURT. HOWEVER, THIS CONFIDENTIAL SURVIVOR PROOF OF CLAIM AND THE INFORMATION IN THIS CONFIDENTIAL SURVIVOR PROOF OF CLAIM WILL BE PROVIDED TO THE DEBTOR, THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, CERTAIN INSURERS OF THE RCASF AND TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM, ONLY UNDER STRICT, COURT-APPROVED CONFIDENTIALITY GUIDELINES.**

**This Confidential Survivor Proof of Claim is for Survivor Claimants Only.**

For the purposes of this Proof of Claim, a **Survivor Claim** is defined as any Claim (as defined in section 101(5) of the Bankruptcy Code) against RCASF resulting or arising or related to in whole or in part, directly or indirectly from any actual or alleged sexual conduct or misconduct, grooming, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, psychological, or emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, intimidation, any other conduct constituting a sexual offense, or any other sexual misconduct, and seeking monetary damages or any other relief based upon the conduct described above, under any theory of liability, including, but not limited to, vicarious liability, any negligence-based theory, conspiracy, fraudulent concealment, intentional tort, continuing tort, public nuisance, invasion of privacy, breach of alleged duties imposed by The Charter for the Protection of Children and Young People, Canon Law or other Catholic Church documents or principles, contribution, indemnity, or any other theory based on any acts or failures to act by the RCASF or any other person or entity for whose acts or failures to act the RCASF is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, or volunteers.

For purposes of this Proof of Claim, a **Survivor Claimant** is defined as the person asserting a Survivor Claim against the RCASF, or, if a minor, then his/her parent or legal guardian.

**To be valid, the Confidential Survivor Proof of Claim must be signed by you or your attorney (if represented by one). If the Survivor Claimant is deceased or incapacitated, the Confidential Survivor Proof of Claim may be signed by the Survivor Claimant's representative, executor of the estate or the attorney for the estate. If the Survivor Claimant is a minor, the Confidential Survivor Proof of Claim may be signed by the Survivor Claimant's parent or legal guardian, or the Survivor Claimant's attorney.**

If you need more space to answer any of the below questions, please attach additional sheets of paper and indicate to which question your answer applies.

**Fill in this information to identify the case:**

Debtor 1 The Roman Catholic Archbishop of San Francisco

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Northern District of California

Case number 23-30564

**Official Form 410****Proof of Claim****04/22**

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

**Part 1: Identify the Claim****1. Who is the current creditor?**

Name of the current creditor (the person or entity to be paid for this claim) \_\_\_\_\_

Other names the creditor used with the debtor \_\_\_\_\_

**2. Has this claim been acquired from someone else?**☐ No☐ Yes. From whom? \_\_\_\_\_**3. Where should notices and payments to the creditor be sent?**Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)**Where should notices to the creditor be sent?**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

**Where should payments to the creditor be sent? (if different)**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_**4. Does this claim amend one already filed?**☐ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_Filed on \_\_\_\_\_  
MM / DD / YYYY**5. Do you know if anyone else has filed a proof of claim for this claim?**☐ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ \_\_\_\_\_ Does this amount include interest or other charges?  
☐ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.
- \_\_\_\_\_

9. Is all or part of the claim secured? ☐ No  
☐ Yes. The claim is secured by a lien on property.
- Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_
- Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_
- Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☐ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☐ No  
☐ Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No

☐ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ \_\_\_\_\_

☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$15,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)(\_\_\_\_) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

Print the name of the person who is completing and signing this claim:

Name \_\_\_\_\_  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_  
Number Street

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

# Confidential Survivor Supplement

## PART 1: CONFIDENTIALITY

The information you share will be kept strictly confidential. This form and the information in it may be provided, pursuant to confidentiality procedures approved by the Bankruptcy Court, to the RCASF, certain insurers of the RCASF, the Official Committee of Unsecured Creditors, the United States Trustee, and to such other persons as the Bankruptcy Court may authorize. Please be assured that these parties have agreed and are required to keep your information strictly confidential.

## PART 2: IDENTIFYING INFORMATION

### A. Survivor Claimant

First Name	Middle Initial	Last Name	Suffix
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Address (If party is incapacitated, is a minor or is deceased, please provide the address of the individual submitting the claim. If you are in jail or prison, your current address).

City	State/Prov.	Zip Code (Postal Code)	Country (if other than USA)
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Telephone No(s):

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

If you are in jail or prison, your identification number: \_\_\_\_\_

May we leave voicemails for you regarding your claim? ☐ Yes ☐ No

May we send confidential information to your email: ☐ Yes ☐ No

Birth Date: \_\_\_\_\_ ☐ Male ☐ Female  
Month Day Year

Any other name, or names, by which the Claimant has been known: \_\_\_\_\_

**B. Survivor Claimant's Attorney (if any):**

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Law Firm Name

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Attorney's First Name

Middle Initial

Last Name

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Street Address

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City

State/Prov.

Zip Code (Postal Code)

Country  
(If other than U.S.A.)

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Telephone

Fax Number

Email Address

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**PART 3: NATURE OF COMPLAINT**

**(Attach additional sheets if necessary)**

**Note: If you have previously filed a lawsuit against The Roman Catholic Archbishop of San Francisco, also known as Archdiocese of San Francisco ("RCASF") in state or federal court, you must attach the complaint.**

**For each of the questions listed below, please complete your answers to the best of your recollection.**

- **As to claims involving multiple perpetrators, this part must be answered separately as to any claimant alleging abuse by one or more RCASF affiliated perpetrators. Part 4 must be answered separately for each complaint related to separate RCASF affiliated perpetrators.**
- a. Who committed the acts of abuse or other wrongful conduct? Please identify the person by complete name(s) or other description of each abuser to the best of your recollection. If you do not know the name(s) of each abuser, please identify them by title, position or other description (for example, approximate age, height, weight, hair color, clothing worn, identifying marks, etc.).

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- b. What is the position, title or relationship to you (if known) of the abuser or individual who committed these acts?

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- c. Where did the Abuse or other wrongful conduct take place? Please be specific and complete all relevant information that you know, including the City and State, name of the church, school or parish (if applicable) and/or the name of any other location(s).

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- d. When did the Abuse or other wrongful conduct take place? (Please be as specific as possible here, providing exact dates, grade levels, and/or season of the year (spring, summer, fall, winter), if you remember.)

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1. If the Abuse or wrongful conduct took place over a period of time (months or years), please state when it first started and when it stopped. (Please be as specific as possible. If you can, please indicate the month and year. If you cannot recall the month, please try to recall the season (fall, winter, spring, summer), if you remember.)

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2. If the Abuse or wrongful conduct took place more than once, please state how many times it occurred, if you remember.

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3. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse or other wrongful conduct took place. (Please be as specific as possible and include what season of the school year (if applicable) was it (fall, winter, spring, summer), if you remember.)

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- e. Please describe in as much detail as you can the nature of the abuse and what happened (for example, the circumstances, approximate number of occurrences, frequency, duration, and types of sexual abuse). (Please use additional pages and attach them to this Proof of Claim, if necessary):

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- f. Were there any witnesses to the abuse? If so, please identify the witnesses and their present location, if known.

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- g. Are there any other individuals whom you believe knew about the abuse and/or would be able to corroborate the abuse, including persons at the RCASF? If so, what are their names?

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- h. Did you tell anyone about the Abuse or other wrongful conduct, even if not in its entirety? If so, who did you tell, when and what did you tell that person (this would include parents; relatives; friends; the RCASF; counselors; and law enforcement authorities)? You do not need to disclose any communications you had with your attorney.

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- i. If subsequent wrongful conduct by the RCASF or its employees or officials caused you further trauma directly or indirectly related to the abuse state:

1. When the conduct occurred.

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2. What happened (describe what happened).

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3. If known, identify by name, title, position, and/or relationship to you any individual involved in the conduct.

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#### **PART 4: IMPACT OF ABUSE**

(Attach additional sheets if necessary)

*Where more than one perpetrator is alleged, please answer the questions separately as to each perpetrator.*

- a. Please describe in detail, being as specific as you can, what injuries (including physical, mental and/or emotional) have occurred to you because of the act or acts of Abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)?

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- b. Have you sought counseling or other treatment for your injuries? If so, with whom and when?

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#### **PART 5: ADDITIONAL INFORMATION**

- a. Prior Bankruptcy Claims: Have you, or has anyone on your behalf, filed any claims in any other bankruptcy case relating to the abuse described in this claim?

☐ Yes ☐ No (If “Yes,” you are required to attach a copy of any completed claim form.)

If “Yes,” which case(s): \_\_\_\_\_

- b. Prior Non-Bankruptcy Claims: Have you, or has anyone on your behalf, asserted or filed any claim or lawsuit seeking damages for the abuse described in this claim?

☐ Yes ☐ No (If “Yes,” you are required to attach a copy of any completed claim form, and, if a lawsuit was filed, a copy of the complaint.)

Please also describe the resolution of such claim (including whether such claim was settled, released, dismissed, or otherwise adjudicated or resolved).

If you previously filed a lawsuit, did you file a certificate of merit as required by California Code of Civil Procedure § 340.1?

☐ Yes ☐ No

- c. Settlements: Regardless of whether a complaint was ever filed against any party because of any abuse as described in this claim, have you settled any claim relating to abuse described in this claim?

☐ Yes ☐ No (If "Yes," please describe, including parties to the settlement and any payments received. You are required to attach a copy of any settlement agreement.)

\_\_\_\_\_  
If "Yes," which case(s): \_\_\_\_\_

- d. Payments: Regardless of whether you entered into any settlement, did you ever receive any payment from the RCASF or any other person or entity because of any abuse against you.

☐ Yes ☐ No (If "Yes," please describe who paid you, when they paid you, and how much they paid you.)

- e. Bankruptcy: Have you ever filed bankruptcy? ☐ Yes ☐ No (If "Yes," please provide the following information:

Name of Case: \_\_\_\_\_ Court: \_\_\_\_\_

Date filed: \_\_\_\_\_ Case No. \_\_\_\_\_

Chapter:     7        11        12        13     Name of Trustee: \_\_\_\_\_

**Sign and print your name. If you are signing the claim on behalf of a minor or an estate of a Survivor Claimant who is deceased or incapacitated, print your title.**

**Under penalty of perjury, I declare the foregoing statements to be true and correct.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

(Relationship of signer to party on behalf of whom claim is being made, such as parent, family member, guardian, attorney, executor of estate)

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to five years, or both. 18 U.S.C. §§ 152 and 3571.